

Nevada State Board of Massage Therapists

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Name : _____ License Number: ____

Street:_____ State:____ Zip: _____

Continuing Education Form

 ☐ To obtain Credit for <u>GIVING</u> a Presentation ☐ To become a NSBMT Provider of Continuing Education for the below course 	
Title of the presentation:	
The name of the sponsor of the presentation:	
Location of the presentation:	
Number of hour of the presentation:	
The Source of the information conveyed in the presentation: (attach additional sheets of paper if necessary)	
The Inclusive dates of the presentation:	
Attach a list of persons attending the presentation:	
Attach syllabus or class outline for the program or course.	
Attach original draft of the certificate of completion what will be distributed to participants upon completion of the course.	
Attach a summary of the presentation and the information that the person who attended the presentation was expected to learn:	
Attach Biographical information:	
Attach a statement of the Course objectives of the presentation:	
*Please attach additional sheets of paper if necessary.	
Giving a Presentation - You will be notified in writing if your request needs to be approved at a Board Meeting under a Continuing Education Review. NSBMT Provider - You will be notified in writing of your CEH # or Notice to appear before the Board for approval/denial.	